

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

ADDRESS (number and street) 2275 Research Blvd  
Suite 250  
 Check if different than previously reported. (ACC)  
Rockville MD 20850

2. **FEC IDENTIFICATION NUMBER** C00319319  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Mike Stinson  
Signature of Treasurer Electronically Filed by Mr. Mike Stinson Date 07 08 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		18734.94
(b) Cash on Hand at Beginning of Reporting Period .....	19535.73	
(c) Total Receipts (from Line 19) .....	9995.00	10795.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29530.73	29530.73
7. Total Disbursements (from Line 31) .....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29530.73	29530.73
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	9995.00	10795.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9995.00	10795.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9995.00	10795.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.79
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9995.00	10795.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9995.00	10795.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	9995.00	10795.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9995.00	10795.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Victor T. Adamo	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 0
	Mailing Address 1573 Woodbridge Place	<b>Transaction ID:</b> SA11AI.4628
	City State Zip Code Vestavia Hills AL 35216	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
	Name of Employer ProAssurance Corp. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Donald H. Alexander	Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Mailing Address 2301 21st Avenue South	<b>Transaction ID:</b> SA11AI.4664
	City State Zip Code Nashville TN 37027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	2010 PAC Contribution
	Name of Employer TN Medical Association Occupation Association Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John O. Alexander	Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 1 0
	Mailing Address 10104 Swan Valley Lane	<b>Transaction ID:</b> SA11AI.4668
	City State Zip Code Austin TX 78759	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
	Name of Employer TMLT Occupation Sr. VP, Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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**PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Eric R. Anderson	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 13433 Burnt Woods Place	<b>Transaction ID:</b> SA11AI.4648
	City State Zip Code Germantown MD 20874	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	2010 PAC Contribution
Name of Employer PIAA	Occupation Dir. of Marketing & PR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Cynthia J. Belcher	Date of Receipt MM / DD / YYYY 04 / 14 / 2010
	Mailing Address 6316 Jasmine Drive	<b>Transaction ID:</b> SA11AI.4632
	City State Zip Code Huntington Beach CA 92648	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
Name of Employer CAP-MPT	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Phyllis Biedess	Date of Receipt MM / DD / YYYY 04 / 14 / 2010
	Mailing Address 301 W. Holly Street	<b>Transaction ID:</b> SA11AI.4630
	City State Zip Code Pheonix AZ 85003	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
Name of Employer Retired	Occupation Retired Health Care Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert P. Boren</p> <p>Mailing Address 1611 S. Martha Ct.</p> <p>City State Zip Code  <b>Brentwood TN 37027</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation          State Volunteer Mutual In- s. Co EVP &amp; CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">100.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 30 / 2010</span></p> <p><b>Transaction ID: SA11AI.4652</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>2010 PAC Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Bowlby</p> <p>Mailing Address 5508 Brocks Pass</p> <p>City State Zip Code  <b>Hoover AL 35244</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation          ProAssurance Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">100.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 11 / 2010</span></p> <p><b>Transaction ID: SA11AI.4675</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>PAC Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Nancy Brusegaard</p> <p>Mailing Address 333 S. Hope Street 8th FL</p> <p>City State Zip Code  <b>Los Angeles CA 90071</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation          CAP VPHR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">100.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 23 / 2010</span></p> <p><b>Transaction ID: SA11AI.4636</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>PAC Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">300.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) William E. Burgess	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 713 Kersey Road	<b>Transaction ID:</b> SA11AI.4647
	City State Zip Code Silver Spring MD 20902	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	2010 PAC Contribution
	Name of Employer Occupation PIAA VP, Associate Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James F. Carland, III	Date of Receipt MM / DD / YYYY 04 / 14 / 2010
	Mailing Address 2602 E. Thomas Run	<b>Transaction ID:</b> SA11AI.4624
	City State Zip Code Phoenix AZ 85016	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
	Name of Employer Occupation MICA Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robin Charles	Date of Receipt MM / DD / YYYY 04 / 14 / 2010
	Mailing Address 3212 E. Eva Street	<b>Transaction ID:</b> SA11AI.4625
	City State Zip Code Phoenix AZ 85028	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	PAC Contribution
	Name of Employer Occupation MICA VP Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Juan Carlos Cobo		Date of Receipt
	Mailing Address 29731 Orange Oak		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Laguna	CA	92677
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4671
Name of Employer Self		Occupation Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="100.00"/>	PAC Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Walt Davis		Date of Receipt
	Mailing Address 2602 E. Thomas Road		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Phoenix	AZ	85016
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4623
Name of Employer MICA		Occupation Insurance Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value="150.00"/>	PAC Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Waldene Drake		Date of Receipt
	Mailing Address 5409 Barrett Cir.		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Buena Park	CA	90621
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4634
Name of Employer CAP-MPT		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="100.00"/>	PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Candace L. Dyer	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 38 Beach Avenue	<b>Transaction ID:</b> SA11AI.4657
	City State Zip Code Warwick RI 02889	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	2010 PAC Contribution
	Name of Employer Occupation West Bay Surgeon Association Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Howard Friedman	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 100 Brookwood Place	<b>Transaction ID:</b> SA11AI.4673
	City State Zip Code Birmingham AL 35209	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC Contribution
	Name of Employer Occupation ProAssurance Corp. Chief Underwriting Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul R. Gabel	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 550 Davis Street #Z	<b>Transaction ID:</b> SA11AI.4650
	City State Zip Code San Francisco CA 94602	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	2010 PAC Contribution
	Name of Employer Occupation Norcal Mutual Insurance Co. Professional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Joseph Hanss  
 Mailing Address 5737 N. 2nd Avenue  
 City State Zip Code  
 Phoenix AZ 85013  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 1 0  
**Transaction ID:** SA11AI.4641  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OB/GYN  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
 Peidi Hong  
 Mailing Address 402 Garden View Way  
 City State Zip Code  
 Rockville MD 20850  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0  
**Transaction ID:** SA11AI.4649  
 Amount of Each Receipt this Period  
 25.00  
 2010 PAC Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PIAA Director of Accounting  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Carl T. Hook  
 Mailing Address 1916 Whispering Pines  
 City State Zip Code  
 Norman OK 73072  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 1 0  
**Transaction ID:** SA11AI.4620  
 Amount of Each Receipt this Period  
 600.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PLICO MD/CEO  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **725.00**  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. A. Peter Kezirian, Jr.  
 Mailing Address 383 S. Hope Street, 8th Floor  
 City State Zip Code  
**Los Angeles CA 90071**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CAP-MPT VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**04 23 2010**  
**Transaction ID: SA11AI.4646**  
 Amount of Each Receipt this Period  
 300.00  
 PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Mrs. Jill K. Knerr  
 Mailing Address 13832 Dayton Meadows Court  
 City State Zip Code  
**Dayton MD 21036**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PIAA Director of Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 35.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**04 30 2010**  
**Transaction ID: SA11AI.4658**  
 Amount of Each Receipt this Period  
 35.00  
 2010 PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Ms Cindy Lesonsky  
 Mailing Address 333 Hope Street, 8th FL  
 City State Zip Code  
**Los Angeles CA 90071**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CAP Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**04 23 2010**  
**Transaction ID: SA11AI.4643**  
 Amount of Each Receipt this Period  
 300.00  
 PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **635.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Jeff Lisenby

Mailing Address 100 Brookwood Place

City Birmingham State AL Zip Code 35209

FEC ID number of contributing federal political committee. **C**

Name of Employer ProAssurance Occupation Senior VP/General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 04 / 30 / 2010  
**Transaction ID:** SA11AI.4663  
 Amount of Each Receipt this Period 150.00  
 2010 PAC Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Michael L. McCall

Mailing Address 8 Cottage Farms Road

City Cumberland State MD Zip Code 04021

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Mutual Ins. Co. of ME Occupation Insurance Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 04 / 14 / 2010  
**Transaction ID:** SA11AI.4629  
 Amount of Each Receipt this Period 100.00  
 PAC Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Gary L. Morse

Mailing Address 106 N. 73rd Street

City Seattle State WA Zip Code 98103

FEC ID number of contributing federal political committee. **C**

Name of Employer Physicians Insurance A Mutual Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 11 / 2010  
**Transaction ID:** SA11AI.4667  
 Amount of Each Receipt this Period 300.00  
 PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Frank O'Neil		Date of Receipt	
	Mailing Address 2704 Stonehaven Place		M M / D D / Y Y Y Y 05 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4665
	Birmingham	AL	35242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer ProAssurance		Occupation SVP-Communication		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. P. Divya Parikh		Date of Receipt	
	Mailing Address 210 Watkins Pond Blvd.		M M / D D / Y Y Y Y 04 / 30 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4661
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		35.00	
Name of Employer PIAA		Occupation Director of Loss Prevention & Research		2010 PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 35.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) William Passolt		Date of Receipt	
	Mailing Address 172 Knightsbridge drive		M M / D D / Y Y Y Y 04 / 23 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4638
	Mundelein	IL	60060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer OMS National Ins. Co.		Occupation President		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	435.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Harry B. Richardson, Jr.  
 Mailing Address 700 McDonald Avenue  
 City State Zip Code  
 Santa Rosa CA 95404  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 1 0  
**Transaction ID:** SA11AI.4621  
 Amount of Each Receipt this Period  
 100.00  
 PAC Contribution  
 Name of Employer Occupation  
 Self Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 100.00

**B.** Full Name (Last, First, Middle Initial)  
 Jan Ross  
 Mailing Address 5305 Connecticut Ave., NW  
 City State Zip Code  
 Washington DC 20015  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0  
**Transaction ID:** SA11AI.4659  
 Amount of Each Receipt this Period  
 25.00  
 2010 PAC Contribution  
 Name of Employer Occupation  
 PIAA Director of Meetings & Education  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 25.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Andrew L. Sew Hoy  
 Mailing Address 1414 South Grand Avenue, Ste. 300  
 City State Zip Code  
 Los Angeles CA 90015  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 1 0  
**Transaction ID:** SA11AI.4635  
 Amount of Each Receipt this Period  
 300.00  
 PAC Contribution  
 Name of Employer Occupation  
 Self Orthopedic Surgeon  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 425.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Amy Silverthorn		Date of Receipt
	Mailing Address 5723 N. 33rd Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Paradise Valley	AZ	85253
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4644
Name of Employer AZ Pulmonary Specialists		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
			PAC Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Smarr		Date of Receipt
	Mailing Address 14600 Poplar Hill Rock		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Germantown	MD	20874
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4631
Name of Employer PIAA		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			PAC Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) W. Stencil Starnes		Date of Receipt
	Mailing Address 3015 Caterbury Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Birmingham	AL	35223
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4651
Name of Employer ProAssurance		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
			2010 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Thomas H. Stearns  
 Mailing Address 7331 Nolensville Rd  
 City Nolensville State TN Zip Code 37135  
 Date of Receipt: 04 / 23 / 2010  
**Transaction ID: SA11AI.4633**  
 Amount of Each Receipt this Period: 100.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: SVMIC Occupation: VP, Medical Pract. Serv.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 100.00

**B.** Full Name (Last, First, Middle Initial)  
 Michael D. Stephens  
 Mailing Address 900 Adler Place  
 City Newport Beach State CA Zip Code 92660  
 Date of Receipt: 06 / 30 / 2010  
**Transaction ID: SA11AI.4677**  
 Amount of Each Receipt this Period: 150.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: Norcal Insurance Company Occupation: Board Member  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 150.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Mike Stinson  
 Mailing Address 3006 Bryan St.  
 City Alexandria State VA Zip Code 22302  
 Date of Receipt: 04 / 23 / 2010  
**Transaction ID: SA11AI.4640**  
 Amount of Each Receipt this Period: 600.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: PIAA Occupation: Director of Government Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Debra K. Udey		Date of Receipt MM / DD / YYYY 06 / 11 / 2010		
	Mailing Address 9716 Kenmore Drive		<b>Transaction ID:</b> SA11AI.4666		
	City Kensington	State MD	Zip Code 20895	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		PAC Contribution		
	Name of Employer Omsnic	Occupation VP, RM	Aggregate Year-to-Date 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Rocky Weber		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 3502 via Cam Pesina		<b>Transaction ID:</b> SA11AI.4656		
	City Rancho palos Verde	State CA	Zip Code 90275	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		2010 PAC Contribution		
	Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 150.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Paul Weber		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 4386 26th Street		<b>Transaction ID:</b> SA11AI.4662		
	City San Francisco	State CA	Zip Code 94131	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		2010 PAC Contribution		
	Name of Employer OMIC	Occupation Manager	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 20  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
PHYSICIAN INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PIAAPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James L. Weidner

Mailing Address 333 S. Hope Street, 8th FL

City State Zip Code  
Los Angeles CA 91105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CAP-MPT CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2010

Transaction ID: SA11AI.4622

Amount of Each Receipt this Period  
300.00

PAC Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Hayes Whiteside

Mailing Address 100 Brookwood Place

City State Zip Code  
Birmingham AL 35209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ProAssurance Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2010

Transaction ID: SA11AI.4669

Amount of Each Receipt this Period  
150.00

PAC Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Steven C. Williams

Mailing Address 645 Post Oak Circle

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State Volunteer Mutual In- s. Co Insurance Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2010

Transaction ID: SA11AI.4627

Amount of Each Receipt this Period  
300.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	9995.00